



Florida Department of Health in Highlands County

# STRATEGIC PLAN

February 1, 2018 – December 31, 2021



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**Produced by**

The Florida Department of Health in Highlands County  
Policy & Procedure Committee & Performance Management Council

# TABLE OF CONTENTS

<b>Background and Overview .....</b>	<b>2</b>
Demographics .....	2
Budget and Revenue .....	3
Budget and Revenue (Cont'd) .....	4
Programs and Services.....	5
<b>Planning Summary .....</b>	<b>6</b>
<b>Strategic Planning Participants.....</b>	<b>9</b>
<b>Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis .....</b>	<b>10</b>
<b>Strategic Priorities Strategy Map .....</b>	<b>11</b>
<b>Objectives .....</b>	<b>13</b>
<b>Review Process .....</b>	<b>16</b>
<b>Summary of Revisions .....</b>	<b>17</b>
<b>Environmental Scan Resources .....</b>	<b>18</b>
<b>Appendices.....</b>	<b>19</b>
Appendix A – Strategic Planning Participants 2018.....	19
Appendix B – Strategic Planning Participants 2019.....	20

# Mission, Vision, and Values

Public Health Accreditation Board (PHAB) 5.3.2A. a: The strategic plan must include the health department's mission, vision, and guiding principles/values for the health department.

## OUR MISSION

### Why do we exist?

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

## OUR VISION

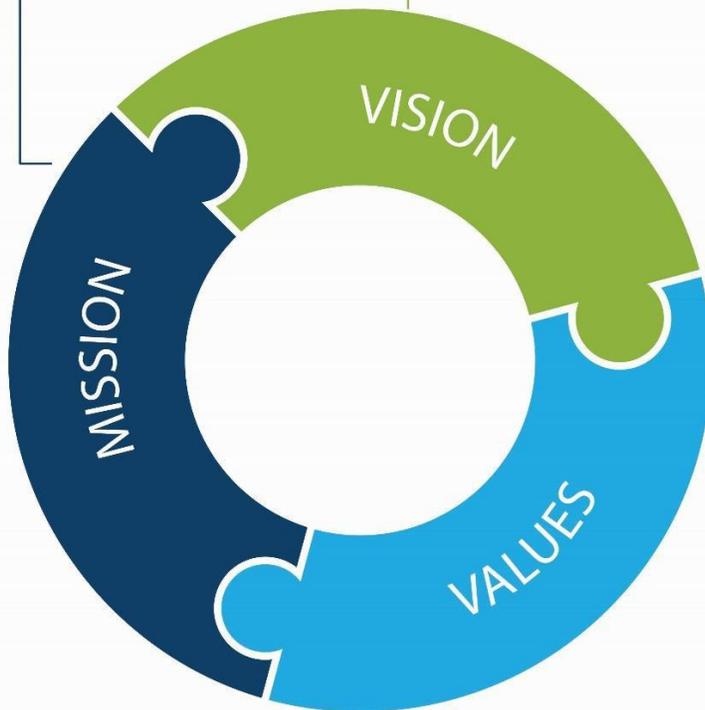
### What do we want to achieve?

To be the Healthiest State in the Nation.

## OUR VALUES

### What do we use to achieve our mission and vision?

- I**nnovation  
We search for creative solutions and manage resources wisely.
- C**ollaboration  
We use teamwork to achieve common goals and solve problems.
- A**ccountability  
We perform with integrity and respect.
- R**esponsiveness  
We achieve our mission by serving our customers and engaging our partners.
- E**xcellence  
We promote quality outcomes through learning and continuous performance improvement.





# Background and Overview

**Public health touches every aspect of our daily lives.** Public health aims to provide the maximum benefit for the largest number of people. It is what we do collectively to assure conditions in which people can be healthy. Public health is a well-established science that has been in practice for hundreds of years. It is based upon the social, behavioral, environmental, biological, and socioeconomic factors that impact population-wide health.

**The over-arching goal of public health** is to protect and improve the health of communities through education, promotion of healthy lifestyles and research for disease and injury prevention. Through research, surveillance and data analysis, we develop programs and policies that protect the health of the entire community.

**Where we live influences our health.** Demographic, socioeconomic, and environmental factors create unique community health service needs. A key characteristic that sets Highlands County apart is 19.2% of the population lives below the poverty level

**Percentage of individuals below poverty level  
Highlands County and Florida**

Year	Highlands County	Florida
2018	19.2%	14.8%
2017	18.7%	15.5%
2016	19.4%	16.1%
2015	19.4%	16.5%
2014	19.2%	16.7%

Source: FLCharts

## Demographics

The Florida Department of Health in Highlands County serves a population of 105,424 (*Census 7/2018*).

**Population by Age  
Highlands County and Florida**

Age Group	County – 2018 Total Percentage	State – 2018 Total Percentage
< 5 years	4.6%	5.4%
< 18 years	12.4%	14.5%
19 – 64 years	47.7%	59.6%
> 65 years	35.3%	20.5%
<b>Subtotal</b>	<b>100%</b>	<b>100%</b>
Female	51.1%	51.1%
Male	48.9%	48.9%
<b>Subtotal</b>	<b>100%</b>	<b>100%</b>

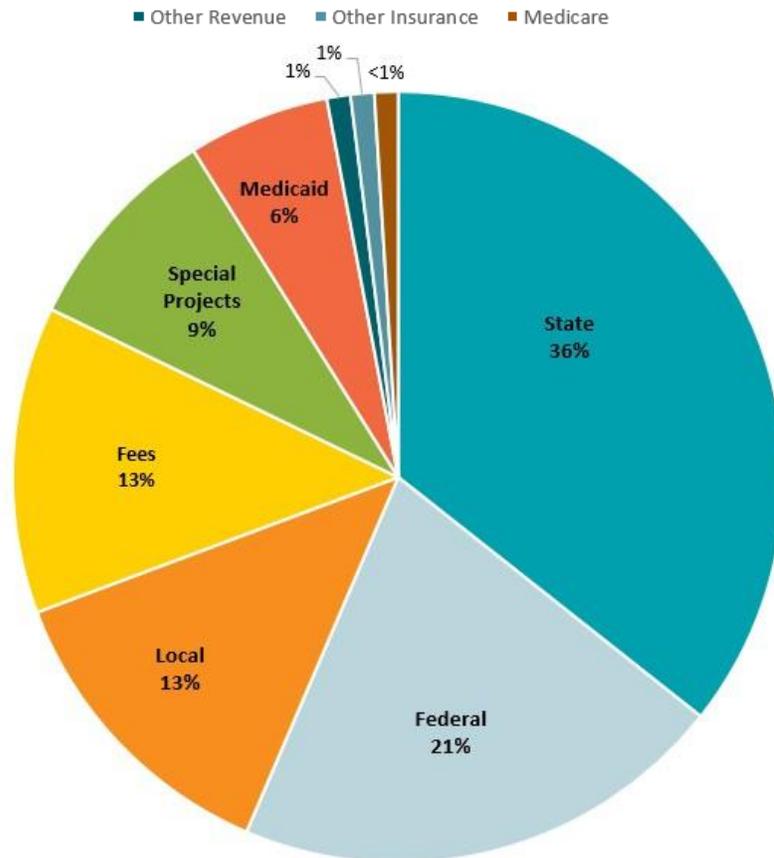
Source: Census.gov



## Budget and Revenue

Financial resources for the Florida Department of Health in Highlands County are provided through multiple sources. These include fees, grants, and budget allocations from the County, State, and Federal governments. Please see the data below.

**The Florida Department of Health in Highlands County  
Revenue Percentage by Source  
Fiscal Year 2018-2019**



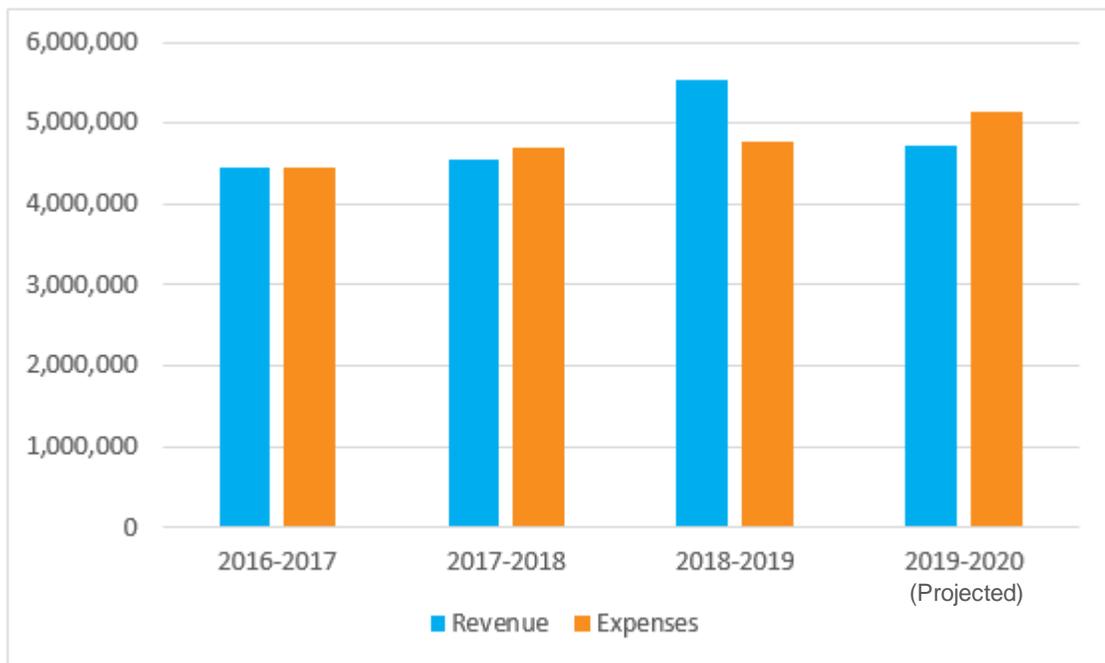
Source: FIRS



## Budget and Revenue (Cont'd)

Some of the budget and revenue changes affecting our services and programs in Highlands County include the advent of Statewide Managed Medicaid, State, and Federal budget cuts. The graph below represents our revenue and expense relationship over the past five years. The corresponding dashed lines represent the moving average of these values, which smooths out fluctuations in data and shows the pattern or trend more clearly. As illustrated, the expenses are rising at a much higher rate than the revenue.

**The Florida Department of Health in Highlands County  
Revenue and Expenses 2016 – 2019**



Source: FIRS



## Programs and Services

**Some of the most effective strategies for improving public health** include policies and programs that shape the environment and create opportunities for healthier behaviors. This is the basis for the Florida Department of Health in Highlands County’s commitment to providing the highest standards of public health through the following core functions and services:

### **Communicable Disease and Epidemiology**

We protect the health of the community through the surveillance, monitoring, and prevention of infectious and communicable diseases. Activities include investigating contagious disease cases and outbreaks, sexually transmitted infections (STI) detection and control, AIDS/HIV treatment and education, immunizations, and tuberculosis (TB) control.

### **Community Health & Health Equity**

We plan and implement programs to promote healthy behaviors and reduce chronic disease through education, community outreach, and collaborative partnerships. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

### **Clinical Services**

We offer education and counseling to help women plan their families and improve their reproductive health and birth outcomes. Screening and management of chronic diseases such as high blood pressure and diabetes. Our services are provided by highly qualified physicians and nurses.

### **Dental Services**

We provide dental sealants and oral education to children throughout the county through a partnership with Highlands County Schoolboard.

### **Environmental Health**

We protect the health of the community by monitoring and regulating environmental activities which may contribute to the occurrence or transmission of disease by ensuring safe drinking water, safe food, proper sewage disposal, clean swimming pools, as well as conducting complaint investigations and enforcing public health laws.

### **Public Health Preparedness**

We partner with the local healthcare system, emergency management, government, and the community on preparedness and response to natural and man-made disasters. The preparedness effort focuses on developing critical capabilities necessary for an effective disaster response to keep the community safe and to minimize loss.

### **School Health**

We collaborate with Highlands County Schoolboard to improve student health by offering immunizations, vision and hearing screenings, and tracking of physical development in all children.

### **Vital Statistics**

We maintain Florida birth and death records locally and can assist with birth, death, marriage, and divorce records for all fifty states. Using data collected by our office, we can assist the state with tracking causes of morbidity and mortality— two main indicators of health status.

### **Women, Infants, and Children (WIC)**

We provide nutrition education and counseling, breastfeeding support, and healthy foods to eligible pregnant, breastfeeding and new moms, infants, and children up to age five.



# Planning Summary

*PHAB 5.3.1.A.b: Documentation must include a summary or overview of the strategic planning process, including the number of meetings, duration of the planning process, and the methods used for the review of major elements by stakeholders. Steps in the planning process must be described. Examples of descriptions for steps include: opportunities and threats analysis, environmental scanning process, stakeholder analysis, story-boarding, strengths and weaknesses analysis, and scenario development.*

The strategic plan sets the direction for action for the Florida Department of Health in Highlands County for a 4-year cycle. As part of the performance management (PM) system, it identifies the priority focus areas for the department, and aligns with state and national priorities. The Highlands CHD performance management system is designed to ensure continuous improvement and progress toward goals. The system allows the department to track performance by systematically collecting and analyzing data. It also includes forums for routinely discussing performance to identify opportunities and targets for improvement.

The performance management system is integrated into the operations and practices. The system does the following:

- Sets organizational objectives by developing strategic health improvement, quality improvement, and workforce development plans at multiple levels across the department that are aligned with the overall agency goals and objectives.
- Identifies performance indicators and establishes processes to measure and report on progress toward achieving objectives on a regular basis.
- Identifies areas where achieving objectives requires focused quality improvement processes.
- Provides visible leadership for ongoing performance management.

The Highlands CHD Performance Management Council is the foundation of the department's performance management system. The primary functions of the Council are to:

- Advise and guide the creation, deployment, and continuous evaluation of the performance management system and its components.
- Continuously and routinely monitor and evaluate the performance in achieving strategic objectives in health improvement, agency strategic, quality improvement, and workforce development plans.
- Make recommendations to improve performance.

The Highlands CHD initiated a new strategic planning process in October 2015 to define the direction and course of the Highlands CHD for consumers, employees, administrators, and legislators for plan years 2018-2021. The plan will position the Highlands CHD to operate as a sustainable integrated public health system and provide the Highlands CHD customers with quality public health services. It is a living document that the Highlands CHD PM Council will evaluate and update annually to address new challenges posed by the changing public health environment.

Senior leadership championed the 24-month planning process during twelve meetings. Attending these meetings were numerous internal stakeholders including the senior leadership, program managers, and a dedicated performance management council. The Highlands CHD considered key support functions required for efficiency and effectiveness; and it sought to articulate what it plans to achieve as an organization, the actions it will take, and how it will measure success.



## Planning Summary

*PHAB 5.3.2.A.d: The strategic plan must consider capacity for and enhancement of information management, workforce development, communication (including branding), and financial sustainability.*

The Highlands CHD approached the strategic planning process with guiding principles in mind:

- Health equity is part of every public health activity.
- Children, adults, and families are at the center of public health activities.
- Individuals, families, businesses, schools, civic organizations, faith-based groups, and local government are responsible for child, adult, family, and community health.
- Social determinants dominate health outcomes.
- Interventions to promote public health are evidence-based and supported by the community.
- Veterans particularly deserve support.

In preparation for the strengths, weaknesses, opportunities, and threats (SWOT) analysis, staff from the Highlands CHD summarized and presented information from the sources listed on page 17 to the performance management council. The performance management council reviewed the findings and conducted a SWOT analysis based on the findings. The discussion included consideration of infrastructure and capacity required for efficiency and effectiveness including:

- Information management
- Communication (including branding)
- Workforce development and financial sustainability

The SWOT analysis discussion also included the identification of external trends, events, and other factors that may impact community health or the health department. See all identified strengths, weaknesses, opportunities, and threats on page 10.

Performance management council members then used the SWOT analysis, the Agency Strategic Plan, and the agency mission, vision, and values to choose strategic priority areas and goals. Staff then worked with program managers and their staff to write and revise strategies and objectives for each goal area. The strategies and objectives were voted on by using Survey Monkey, discussed at a Supervisor Meeting and routed back to the PM Council for comment and approval.

The following is the strategic planning schedule of meetings:

Meeting Date	Meeting Topic	Attendees
8/10/2015	Establish timeline for strategic plan development	SLT & PMC, QI Liaison
8/28/2015	SWOT Analysis. Develop strategic issue areas and goals for Agency Strategic Plan	SLT, PMC, Supervisors, and QI Liaison
9/14/2015	Discuss and modify draft Agency Strategic Plan	SLT, PMC, Supervisors, and QI Liaison
10/20/2015	Review final draft of Agency Strategic Plan goals and objectives	SLT & QI Liaison
7/12/2016	Review of strategic issues and area updates, CHA, CHIP, and QI updates	SLT, PMC, Supervisors, and QI Liaison
8/16/2016	Review of agency Strategic Plan. Review of indicators and CHA, CHIP, QI updates	SLT, PMC, Supervisors, and QI Liaison



Planning Summary

Meeting Date	Meeting Topic	
10/12/2016	Review of local strategic plan. Reviewed indicators for SP, CHA, CHIP & QI	SLT, PMC, Supervisors, and QI Liaison
11/14/2016	Review of local strategic plan. Revised version approved and uploaded.	SLT & QI Liaison
1/17/2017	PHAB Annual Assessment review	SLT & QI Liaison
3/29/2017	Review and approval of Annual report	SLT & PMC, QI Liaison
5/22/2017	Review strategic plan indicators & cultural assessment survey	SLT & PMC, QI Liaison
11/20/2017	Review strategic plan indicators & PHAB assessment	SLT, PMC, Supervisors, and QI Liaison
1/22/2018	Strategic Planning survey sent to Supervisors, PMQI, and SLT teams for review and selection of priorities, goals, and strategies	SLT, PMC, Supervisors, and QI Liaison
2/5/2018	Review strategic objectives and revised QI and Strategic Plan with PMC, Senior Leadership, and Supervisors	SLT, PMC, Supervisors, and QI Liaison
5/18/2018	Review of local strategic plan. Reviewed indicators for SP, CHA, CHIP & QI	SLT, PMC, Supervisors, and QI Liaison
11/19/2018	SWOT Analysis Survey sent to Supervisors, PMQI, and SLT teams	SLT, PMC, Supervisors, and QI Liaison
12/5/2018	Annual review of CHIP, Strategic Plan, QI Plan, and SWOT Analysis with PMQI Council, Supervisors, and SLT	SLT, PMC, Supervisors, and QI Liaison
2/28/2019	Reviewed indicators for SP, CHA, CHIP & QI	SLT & QI Liaison
6/5/2019	Reviewed indicators for SP, CHA, CHIP & QI	SLT, PMC, Supervisors, and QI Liaison
09/11/2019	Reviewed indicators for SP, CHA, CHIP & QI.	SLT & QI Liaison
11/22/2019	Annual review of CHIP, Strategic Plan, QI Plan, and SWOT Analysis with PMQI Council, Supervisors, and SLT	SLT, PMC, Supervisors, and QI Liaison
12/21/2020	Update objectives and linkages.	SLT & PMC

The Highlands CHD staff monitor strategic plan objectives through implementation plans. A designated PM Champion collects these plans which include quarterly/annual data values on indicators and sub-indicators along with a status of completion (on track, not on track, complete, not complete or decision required). The PM Champion enters data into VMSG and generates reports that the Highlands CHD PM Council, senior leaders, and supervisors use as a reference when the strategic plan is discussed.



# Strategic Planning Participants

PHAB 5.3.1.A.a: The strategic plan must include a list of individuals who participated in the strategic planning process and their titles. Participants must include various levels of staff as well as representatives of the health department's governing entity.

## Highlands County Health Department Strategic Planning Participants 2020

- **Mary Kay Burns**, MBA, BSN, RN  
*DeSoto/Highlands Health Officer*
- **Penny Pringle**, BSN, RN  
*Assistant Administrator, DeSoto/Highlands*
- **Patrick Hickey**, BSN, RN  
*EPI & EH Director, De Soto/Highlands*
- **Tessa Hickey**, RN  
*Director of Nursing, Highlands*
- **Cynthia Scott**  
*Administrative Svs. Director, DeSoto/Highlands*
- **Dr. Kirk Snyder**  
*Dental Executive Director, DeSoto/Highlands*
- **Amanda Tyner**, MPA  
*Community Programs Administrator, DeSoto/Highlands*
- **Machele Albritton**  
*Biological Scientist IV, Multi-county*
- **Dustin Benefield**, MS, EMT-P  
*Planning Consultant, Highlands*
- **Patricia Collins**, RN  
*Senior Community Health Nurse, DeSoto*
- **Willette Conner**, RN  
*Senior Community Health Nurse, Highlands*
- **Adam Dubois**  
*SWFL Regional SpNS Consultant*
- **Sylvia Garcia**  
*Human Services Program Supervisor*
- **Steve Howard**, BA  
*Ops. & Mgmt. Consultant, Highlands*
- **Sheila Hubenka**, RN  
*Sr. Comm. Health Nurse Spvsr., Highlands*
- **Lorie Jackson**  
*Staff Assistant, Highlands*
- **Cindy Lehman**, RD, LDN  
*Public Health Nutritionist Spvsr., DeSoto*
- **Mario Mendez**  
*Environmental Specialist III, DeSoto*
- **Kimberly Payne**  
*Senior Clerical Supervisor, DeSoto*
- **Chantele Potts**, MA, CEHP  
*Environmental Supervisor, Highlands*
- **Angela Robles**  
*Senior Clerical Supervisor, Highlands*
- **Kathy Roe**, RN  
*Senior Community Health Nurse, DeSoto*
- **April Ruethemann**, RN  
*Nursing Program Specialist, DeSoto*
- **Heather Smith**  
*Ops. & Mgmt. Consultant/HR, DeSoto*
- **Gladys Vazquez-Cisneros**, RN  
*Senior Community Health Nurse, Highlands*
- **Dodie Whidden**  
*Ops. & Mgmt. Consultant II, DeSoto*
- **Diane Wilson**  
*Dental Assistant Supervisor, DeSoto*
- **Kristina Wilson**, RN  
*Community Health Nursing Spvsr., Highlands*
- **Jason Wolfe**, RS  
*EH Program Consultant, Highlands*



# Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

PHAB 5.3.2.A.e-f: The strategic plan must include the identification of external trends, events, or other factors that may impact community health or the health department.

**Strengths (Internal)**

*We want to maintain and leverage strengths.*

Agency Infrastructure:

- Ability to adapt to situation
- Work well as a team

Capacity:

- Community collaboration
- Community involvement

Emerging Trends:

- None

Other:

- Quality care
- Local knowledge of community

**Opportunities (External)**

*We want to invest in opportunities.*

Agency Infrastructure:

- More robust new employee orientation
- Link EARs and People First

Capacity:

- More communication
- Onsite staff development training

Emerging Trends:

- Streamline internal processes

Other:

- Staff moral activities

**Weaknesses (Internal)**

*We want to minimize weaknesses.*

Agency Infrastructure:

- Difficulty recruiting/retaining staff
- Communication
- Succession planning

Capacity:

- Additional training opportunities
- Pay is lower than private sector

Emerging Trends:

- Lack of social media presence

Other:

- None

**Threats or Challenges (External)**

*We want to identify threats or challenges that need to be addressed and understand their potential impact.*

Agency Infrastructure:

- Funding sources
- Staff retention

Capacity:

- Growing client base
- Competition (private-sector)
- Continued training opportunities

Emerging Trends:

- Rural community

Other:

- None

# Strategic Priorities Strategy Map

PHAB 5.3.2.A.b: The strategic plan must include the health department's strategic priorities and goals.

## Priority One: Health Equity

<b>Goal</b>	<b>1</b>	Reduce infant mortality and improve awareness of social determinants of health.
<b>Strategy</b>	<b>1</b>	<b>Decrease racial disparity in infant mortality.</b>
<b>Objective</b>	<b>1</b>	By 12/31/21, Reduce the disparity between black from 2018 baselines (6.2) and white (5.1) three-year rolling average of infant mortality from 1.1 to 0.0.
	<b>2</b>	By 12/31/19, Maintain the percentage of 2-year-olds fully immunized at 95% (2018) or greater. <b>(Complete)</b>
<b>Strategy</b>	<b>2</b>	<b>Increase awareness and provide education on social determinants of health.</b>
<b>Objective</b>	<b>1</b>	By 6/30/19, 100% of FDOH-Highlands Supervisors and Senior Leaders will complete training on social determinants of health. <b>(Complete)</b>

## Priority Two: Long Healthy Life

<b>Goal</b>	<b>1</b>	Increase healthy life expectancy.
<b>Strategy</b>	<b>1</b>	<b>Increase the healthy weight of children and adults.</b>
<b>Objective</b>	<b>1</b>	By 12/31/21, Decrease the percentage of 6th grade students who are overweight per their school health screening from 17% (2018) to 14%.
	<b>2</b>	By 12/31/20, Decrease the percentage of adults that report a (BMI) greater than or equal to 30 kg/m2 from 33% (2018) to 31%.
<b>Strategy</b>	<b>2</b>	<b>Improve access to care for newly diagnosed HIV clients.</b>
<b>Objective</b>	<b>1</b>	By 12/31/19, Maintain 90% of new HIV cases linked to care within 90 days. <b>(Complete)</b>

## Priority Three: Readiness for Emerging Health Threats

<b>Goal</b>	<b>1</b>	Demonstrate readiness for emerging health threats.
<b>Strategy</b>	<b>1</b>	<b>Decrease inhaled nicotine use among children and teens.</b>
<b>Objective</b>	<b>1</b>	By 12/31/20, Decrease the percentage of youth age 11-17 who have ever tried electronic vaping from 26.3% (2018) to 24.0%.
<b>Strategy</b>	<b>2</b>	<b>Maintain compliance with local, state, and federal requirements.</b>
<b>Objective</b>	<b>1</b>	By 12/31/18, Conduct and/or participate in at least one annual preparedness <b>(Complete)</b>
<b>Strategy</b>	<b>3</b>	<b>Investigate and respond to cases, outbreaks and other public health events to protect persons residing or traveling in Florida and implement control measures and interventions as appropriate.</b>
<b>Objective</b>	<b>1</b>	By 11/30/2021, increase the percentage of COVID-19 contacts who have been contacted or received three attempts in 48 hours from 83.23% (11/2020) to 100%.

## Priority Four: Effective Agency Processes

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<b>Goal 1</b>	Establish a sustainable infrastructure, which includes a competent workforce, sustainable processes, and effective use of technology, which supports all the Department's core business functions.
<b>Strategy 1</b>	Improve workforce development.
<b>Objective 1</b>	By 12/31/18, 100% of FDOH-Highlands employees will participate in one or more professional development opportunities. <b>(Complete)</b>
	2 By 12/31/21, Increase the survey responses for employee training needs from 50%(2020) to 75%.
<b>Strategy 2</b>	Improve client-employee customer satisfaction.
<b>Objective 1</b>	By 6/30/19, Increase percentage of completed customer satisfaction surveys with a rating of satisfactory or better from 94% (2018) to 99%. <b>(Complete)</b>

## Priority Five: Regulatory Efficiency

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<b>Goal 1</b>	Establish regulatory efficiencies that promote organizational objectives.
<b>Strategy 1</b>	Establish, improve, and align regulatory efficiencies to support agency objectives.
<b>Objective 1</b>	By 3/30/2021, Improve the percentage of completed limited use water system inspections within 6 months from 80% (2019) to 90 %.
<b>Objective 2</b>	By 12/31/2021, Increase IT help ticket resolution time from an 11% response time in 1 hour (2019) to a 19% response time in 1 hour.



## Objectives

# Objectives

PHAB 5.3.2.A.c, g: The strategic plan must include the health department's objectives with measurable and time-framed targets (expected products or results). It must also include linkage with the health improvement plan and the health department's quality improvement plan. The strategic plan need not link to all elements of the health improvement plan or the quality improvement plan, but it must show where linkages are appropriate.

<b>Objective Number and Name</b> <small>SHIP = State Health Improvement Plan / ASP = Agency Strategic Plan / PMQI = Agency Performance Management Quality Improvement Plan / CHIP = Community Health Improvement Plan / P&amp;P = Policy &amp; Procedure / WFD = Workforce Development</small>	<b>Baseline Value</b>	<b>Target Value</b>	<b>Target Date</b>	<b>Measured Annually or Quarterly</b>	<b>Lead Entity Responsible</b>	<b>Linkages/ Alignment</b>
<b>1.1.1.1: Health Equity – racial disparity</b> Reduce the disparity between black (6.2) and white (5.1) three-year rolling average of infant mortality from 1.1 to 0.0.	1.1	0.0	12/31/21	Annually	WIC	SHIP-MCH1 ASP-1.1.1 PMQI-Prgm CHIP-N/A
<b>1.1.1.2: Health Equity – infant mortality</b> By 12/31/19, Maintain the percentage of 2-year-olds fully immunized at 95% or greater.	95%	95% or >	12/31/19	Quarterly	IMMS/CLINIC	SHIP-MCH1 ASP-3.1.1 PMQI-N/A CHIP-N/A
<b>1.1.2.1: Health Equity – social determinants</b> By 6/30/19, 100% of FDOH-Highlands Supervisors and Senior Leaders will complete training on social determinants of health.	5%	100%	6/30/19	Quarterly	HR/QI	SHIP-CD2 ASP-1.1.3 PMQI-N/A CHIP-N/A
<b>2.1.1.1: Long healthy life – healthy weight</b> By 12/31/21, Decrease the percentage of 6th grade students who are overweight per their school health screening from 17% to 14%.	17%	14%	12/31/21	Annually	SCHOOL HEALTH	SHIP-HW1 ASP-2.1.1 PMQI-N/A CHIP-HW
<b>2.1.1.2: Long healthy life – healthy weight</b> By 12/31/20, Decrease the percentage of adults that report a (BMI) greater than or equal to 30 kg/m2 from 33% to 31%.	33%	31%	12/31/20	Annually	HEALTHIEST WEIGHT	SHIP-HW1 ASP-1.1.3 PMQI-N/A CHIP-Obesity



## Objectives

Objective Number and Name <small>SHIP = State Health Improvement Plan / ASP = Agency Strategic Plan / PMQI = Agency Performance Management Quality Improvement Plan / CHIP = Community Health Improvement Plan / P&amp;P = Policy &amp; Procedure / WFD = Workforce Development</small>	Baseline Value	Target Value	Target Date	Measured Annually or Quarterly	Lead Entity Responsible	Linkages/ Alignment
<b>2.1.2.1: Long healthy life – HIV care access</b> By 12/31/19, Maintain 90% of new HIV cases linked to care within 90 days.	90%	90% or >	12/31/19	Quarterly	RYAN WHITE	SHIP-ID2 ASP-2.1.5 PMQI-1.1.3 CHIP-N/A
<b>3.1.1.1: Health threats – inhaled nicotine</b> By 12/31/20, Decrease the percentage of youth age 11-17 who have ever tried electronic vaping from 26.3% to 24.0%.	26.3%	24.0%	12/31/20	Annually	CHIP	SHIP-CD1 ASP-3.1.4.A PMQI-N/A CHIP-Tobacco
<b>3.1.2.1: Readiness – PHP compliance</b> By 12/31/18, Conduct and/or participate in at least one annual preparedness exercise.	1	1 or >	12/31/18	Annually	PREPAREDNESS	SHIP-N/A ASP-3.1.3 PMQI-N/A CHIP-N/A
<b>3.1.3.1: Readiness – COVID Response</b> By 12/31/2021, increase the percentage of COVID-19 contacts who have been contacted or received three attempts in 48 hours from 75.61% (11/2020) to 100%.	75.61%	100%	12/31/21	Annually	EPIDEMIOLOGY	SHIP – N/A ASP – 4.1.1 PMQI – 3.1 CHIP – N/A WFD– Prof.Dev
<b>4.1.1.1: Effective Agency Process – WFD</b> By 12/31/18, 100% of FDOH-Highlands employees will participate in one or more professional development opportunities.	80%	100%	12/31/18	Quarterly	SUPERVISORS	SHIP-N/A ASP-4.1.1 PMQI-N/A CHIP-N/A WFD– Prof.Dev
<b>4.1.1.2: Effective Agency Process – WFD</b> By 12/31/21, Increase the survey responses for employee training needs from 50%(2020) to 75%.	50%	75%	12/31/21	Annually	INFORMATION TECHNOLOGY	SHIP-N/A ASP-4.1.1 PMQI-N/A CHIP-N/A WFD– 2.1
<b>4.1.2.1: Agency Process – CS Satisfaction</b> By 6/30/19, Increase percentage of completed customer satisfaction surveys with a rating of satisfactory or better from 94% to 99%.	94%	99%	6/30/19	Quarterly	P&P COMMITTEE/QI	SHIP-N/A ASP-4.1.1 PMQI-2.1 CHIP-N/A



## Objectives

Objective Number and Name <small>SHIP = State Health Improvement Plan / ASP = Agency Strategic Plan / PMQI = Agency Performance Management Quality Improvement Plan / CHIP = Community Health Improvement Plan / P&amp;P = Policy &amp; Procedure / WFD = Workforce Development</small>	Baseline Value	Target Value	Target Date	Measured Annually or Quarterly	Lead Entity Responsible	Linkages/ Alignment
<b>5.1.1.1: Regulatory Efficiency – EH Partners</b> By 3/30/2021, Improve the percentage of completed limited use water system inspections within 6 months from 80% (2019) to 90%.	80%	90%	3/30/21	Quarterly	EH	SHIP-N/A ASP-5.1.4 PMQI-1.1.2 CHIP-N/A
<b>5.1.1.2: Regulatory Efficiency – IT help tickets</b> By 12/31/2021, Improve the number of IT tickets resolved in 1 hour from 11% (2019) to 19%.	11%	19%	12/31/21	Annually	IT	ASP-4.1 APMQI-1.1,3.1.2,2.1.2

SHIP = State Health Improvement Plan  
 ASP = Agency Strategic Plan  
 PMQI = Agency Performance Management Quality Improvement Plan  
 CHIP = Community Health Improvement Plan  
 P&P = Policy & Procedure  
 WFD = Workforce Development



# Review Process

This strategic plan annual progress report provides a unified vision and framework for action for the Florida Department of Health in Highlands County (Highlands CHD). The Highlands CHD Strategic Plan serves as the roadmap to protect, promote and improve the health of Floridians. As part of the performance management system, the strategic planning review cycle takes place all year round with quarterly reviews and evaluations on the status of strategic issues, goals and objectives. Progress towards achieving goals and objectives is continuously monitored by the Performance Management Council (PMC). In addition, multiple staff from all levels in the organization, including objective leads, participate during the review and preparation process of the Annual Progress Report.

The Strategic Plan monitoring process is led by the Quality Improvement Champion, Supervisors, and Senior Leaders and is vetted through the Performance Management Council. The process includes data collection and analysis via the performance management system, VMMSG, to identify accomplishments and areas needing improvement to meet the target. If the area is deemed to need improvement, a strategy is developed to address the issue, or a Quality Improvement project may be put in place to improve performance and accomplish the goal. In all these activities, we make sure that our efforts are closely aligned with the Agency Strategic Plan and the State and County Community Health Improvement Plans. The progress towards objectives and goals is communicated to all staff through. Highlands CHD utilizes email, Survey Monkey, the local shared drive, bi-annual staff training days, and Supervisor meetings to discuss and share information with staff from all levels.

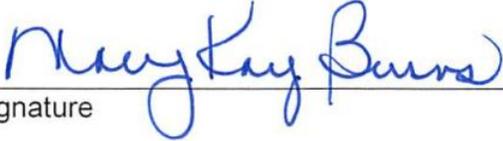
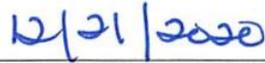
Highlands CHD's PM Council, Senior Leadership Team, Supervisors, and Quality Improvement Liaison met in November of 2018 to review and revise the Strategic Plan. During the meeting, an overview of the strategic plan review process was provided and results from an updated environmental scan were reviewed. In addition, reports on progress made to date, status of the objectives (completed, on track, not on track), and recommendations for the objectives (keep, revise, delete) were heard from the leads for each objective. During this meeting, all were asked to bring forth any proposed revisions or additions to the plan. As part of this review process, no objectives were deleted or added to the current strategic plan.

In June 2019, the SLT team, Supervisors, and Quality Improvement Liaison met to review indicators of the plan. During this review, discussion moved to a potential emerging issue discussion. Supervisors felt that it would be beneficial to include additional training for all staff on the areas of Social Determinants of Health and Health Equity. One prevalent comment was, "We hear the terminology all the time, but we really aren't sure what it means." After much discussion, it was determined that this could be addressed in the employee performance expectations. One of the agency expectations focuses on professional development. Beginning July 2019, all staff are required to complete one Health Equity or one Social Determinants of health training.



# Summary of Revisions

On November 22, 2019, the Highlands CHO PM Council conducted an annual review of the strategic plan. The council discussed progress achieved and obstacles encountered for each objective. The table below depicts revisions to objectives from the November 2019 review.

 <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Signature	 <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Date
Mary Kay Burns, MBA, BSN, RN / Health Officer <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Name and title	

Date	Revision Number	Description of Change	Rationale
02/28/2018	001	New Plan adopted	
01/04/2019	002	Added additional language to Executive Summary	Updated per review feedback
01/04/2019	003	Added new sections - Workforce, Links to plans, & OrgChart	Updated per review feedback
01/04/2019	004	Updated SWOT Analysis	Completed SWOT annual SWOT analysis with SLT & Supervisors
01/04/2019	005	Added Roles & Responsibilities	Clarified roles and responsibilities for staff
01/04/2019	006	Added Evaluation & Tracking	Clarified roles and responsibilities for staff
01/04/2019	007	Added Review & Maintenance	Updated per review feedback
01/29/2020	008	Formatting change	SHO release of new template
02/24/2020	009	Updated participant list & SWOT analysis	Annual review of plan
12/21/2020	010	Added linkages to State plans and updated Objectives in sections 3, 4 & 5.	Updated per review feedback

For questions about this plan, contact:

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# Environmental Scan Resources

1. [Agency Strategic Plan, 2016-2020](#)
2. [Agency Quality Improvement Plan, 2018-2020](#)
3. Behavioral Risk Factor Surveillance System (BRFSS), 2016
4. Highlands County Community Health Assessment, 2015
5. Highlands Community Health Improvement Plan, 2018-2021
6. DeSoto/Highlands Quality Improvement Plan, 2017-2020
7. DeSoto/Highlands Workforce Development Plan, 2019-2021
8. Employee Satisfaction Survey, 2017
9. [Florida Community Health Assessment Resource Tool Set \(CHARTS\)](#)
10. [Florida Department of Health Long Range Program Plan, Fiscal Years 2019-2023](#)
11. Florida Department of Health, Office of Inspector General Annual Report, 2018
12. [Florida Department of Health Workforce Development Plan](#)
13. [Florida State Health Improvement Plan, 2017-2021](#)
14. Florida Middle School Health Behavior Survey Results, 2017
15. Florida Morbidity Statistics Report, 2017
16. Florida Pregnancy Risk Assessment Monitoring System Trend Report, 2015
17. [Florida Strategic Plan for Economic Development, 2018-2023](#)
18. Florida Vital Statistics Annual Report, 2017
19. Florida Youth Risk Behavior Survey Results, 2017
20. Florida Youth Tobacco Survey Results, 2018

# Appendices

## Appendix A – Strategic Planning Participants 2018

- **Mary Kay Burns**, MBA, BSN, RN  
*DeSoto/Highlands Health Officer*
- **Penny Pringle**, BSN, RN  
*Assistant Administrator, DeSoto/Highlands*
- **Pam Crain**, BA  
*Preparedness & EPI Dir., DeSoto/Highlands*
- **Keith Keene**  
*Environmental Health Dir., DeSoto/Highlands*
- **Tessa Hickey**, RN  
*Director of Nursing, Highlands*
- **Cynthia Scott**  
*Administrative Svs. Director,  
DeSoto/Highlands*
- **Dr. Kirk Snyder**  
*Dental Executive Director, DeSoto/Highlands*
- **Amanda Tyner**, BS  
*Community Programs Administrator, DeSoto/Highlands*
- **Machele Albritton**  
*Administrative Asst. III, DeSoto/Highlands*
- **Yashira Brown**,  
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- **Katie Campbell**, RN  
*Sr. Community Health Nurse Spvsr., Highlands*
- **Willette Conner**, RN  
*Senior Community Health Nurse, Highlands*
- **Adam Dubois**  
*SWFL Regional SpNS Consultant*
- **Denielle Froelich**  
*Dental Assistant Supervisor, Highlands*
- **Sylvia Garcia**  
*Human Services Program Spvsr., DeSoto*
- **Patrick Hickey**, BSN, RN  
*Multicounty EPI, DeSoto/Highlands*
- **Steve Howard**, BA  
*Ops. & Mgmt. Consultant, Highlands*
- **Lorie Jackson**  
*Staff Assistant, Highlands*
- **Mario Mendez**  
*Environmental Specialist III, DeSoto*
- **Kathy Roe**, RN  
*Senior Community Health Nurse, DeSoto*
- **Stephanie Rosser**, RD, LD/N  
*Sr. Public Health Nutritionist Spvsr., Highlands*
- **Heather Smith**  
*Human Resources Liaison, DeSoto/Highlands*
- **Katharine Wagner**, RD  
*Public Health Nutritionist Supervisor, DeSoto*
- **Dr. Tasha Ward**  
*Senior Dentist, Highlands*
- **Dodie Whidden**  
*Ops. & Mgmt. Consultant II, DeSoto*
- **Diane Wilson**  
*Dental Assistant Supervisor, DeSoto*
- **Jason Wolfe**, RS  
*EH Supervisor II, Highlands*
- **James Wolfhope**, BS, RS  
*EH Supervisor I, Highlands*
- **Amy Wuthrich**, RN  
*Senior Community Health Nurse, DeSoto*



## Appendix B – Strategic Planning Participants 2019

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- **Cynthia Scott**  
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*EH Program Consultant, Highlands*
- **James Wolfhope**, BS, RS  
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